

**Comprehensive Clinical Management Program
Designation**
Legend: (Proposed Rule DRAFT)

Regular Print = Proposed new language

(a) The Department of State Health Services (department) shall designate an emergency medical services (EMS) provider's (provider) Comprehensive Clinical Management Program (CCMP) if a provider meets the current "Comprehensive Clinical Management Program Criteria", actively participates on the appropriate RAC and submits data to the Texas EMS/Trauma Registry.

(b) An EMS provider is defined under these rules as

(1) Each provider's license shall be considered separately for designation .

(2) An entity with multiple EMS provider's licenses that is applying for designation shall be required to apply for designation for each of its licenses.

(c) The designation process shall consist of two phases.

(1) First phase - the application phase begins with submitting to the department a timely and sufficient application for CCMP designation and ends when the survey report is received at the department.

(2) Second phase - the review phase begins with the department's review of the survey report and ends with its recommendations for designation if the provider meets current CCMP criteria. This phase also includes an appeal procedure governed by the department's rules for a contested case hearing and by Chapter 2001 of the Texas Government Code.

(d) For a provider seeking initial designation, a timely and sufficient application shall include (1) – (5) below:

(1) The department's current "Comprehensive Clinical Management Program Application" form, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the department.

(2) A full payment of the CCMP designation fee enclosed with the submitted "CCMP Application" form;

(3) Any subsequent documents submitted by the date requested by the department;

(4) A CCMP designation survey completed within one year of the date of the receipt of the application by the department; and

(5) A complete survey report, including patient care reviews, that is no older than 180 days from date of survey and is hand-delivered or sent by postal services to the department.

(e) If a provider seeking initial designation fails to meet the requirements in section (d) (1)–(5), the application shall be denied.

(f) For a provider seeking re-designation, a timely and sufficient application shall include (1) – (4) below:

(1) The department’s current “CCMP Application” form, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the department one year or greater from designation expiration date;

(2) A full payment of the designation fee enclosed with the submitted “CCMP Application” form;

(3) Any subsequent documents submitted by the date requested by the department; and

(4) A complete survey report, including patient care reviews, that is no older than 180 days from date of survey and is hand-delivered or sent by postal services to the department no less than sixty days prior to the designation expiration date.

(g) If a provider seeking re-designation fails to meet the requirements outlined in section (f) (1)-(4), the original designation will expire on its expiration date.

(h) The department’s analysis of the submitted “CCMP Application” form may result in recommendations for corrective action when deficiencies are noted and shall also include a review of:

(1) The evidence of current participation in RAC/regional system planning;

(2) The completeness and appropriateness of the application materials submitted, including the submission of a non-refundable application fee as follows:

(A) The fee will be no more than \$xxxxxxx.

(i) When the analysis of the “CCMP Application” form results in acknowledgement by the department that the provider is ready to survey, the provider may then contract for the survey, as follows:

(1) Providers shall request a survey through an organization approved by the department, or by a department-credentialed surveyor(s).

(2) The provider shall notify the department of the date of the planned survey and the composition of the survey team.

(3) The provider shall be responsible for any expenses associated with the survey.

(4) The department, at its discretion, may appoint an observer to accompany the survey team. In this event, the cost for the observer shall be borne by the department.

(j) The survey team composition shall be as follows:

(k) Providers shall be surveyed by a team that is multi-disciplinary and includes at a minimum: one EMS medical director and one EMS administrator, both must be department-credentialed and additional surveyors may be requested by the provider or by the department.

(1) Department-credentialed surveyors must meet the following criteria:

(A) Have at least three years experience in the care of patients;

(B) Be currently employed in the active in the management of EMS systems utilizing the CCMP process;

(C) Have direct experience in the preparation for CCMP designation;

(D) Have successfully completed a department-approved CCMP site surveyor course and be successfully re-credentialed every four years; and

(E) Have current credentials as follows:

(ii) For physicians: EMS Medical Director course completion and

(iii) Have successfully completed a site survey internship.

(2) All members of the survey team, except department staff, shall come from a TSA outside the provider's location and at least 100 miles from the provider. There shall be no business or patient care relationship or any potential conflict of interest between the surveyor or the surveyor's place of employment and the provider being surveyed.

(l) The survey team shall evaluate the provider's compliance with the CCMP criteria, by:

(1) Reviewing medical records, personnel files, staff rosters and schedules, process improvement documents and committee meeting minutes and other documents as required by the criteria;

(2) Reviewing equipment and the physical plant;

(3) Conducting interviews with provider personnel;

(4) Evaluating compliance with participation in the Texas EMS/Trauma Registry.

(m) The surveyor(s) shall provide the provider with a written, signed survey report regarding their evaluation of the provider's compliance with CCMP criteria. This survey report shall be forwarded to the provider within 30 calendar days of the completion date of the survey. The provider is responsible for forwarding a copy of this report to the department.

(n) The department shall review the findings of the survey report for compliance with CCMP criteria.

(1) A recommendation for designation shall be made based on compliance with the criteria.

(2) If a provider does not meet criteria, the department shall notify the provider of deficiencies and recommend corrective action.

(A) The provider shall submit to the department a report which outlines the corrective action(s) taken. The department may require a second survey to ensure compliance with the criteria. If the department substantiates action that brings the provider into compliance with the criteria, the department shall approve designation.

(B) If a provider disagrees with the department's recommendation at the end of the secondary review, the provider has a right to a hearing, in accordance with the department's rules for contested cases and Chapter 2001 of the Texas Government Code.

(o) The provider shall have the right to withdraw its application at any time prior to being recommended for CCMP designation by the department.

(p) The provider shall receive a letter and a certificate of designation valid for four years. Additional actions, such as a site review or submission of information/reports to maintain designation may be required by the department.

(q) It shall be necessary to repeat the designation process as described in this section prior to expiration of a facility's designation or the designation expires.

(r) A CCMP designated EMS provider shall:

(1) Comply with the provisions within these sections, all current state and system standards as described in this chapter, and all policies, protocols, and procedures as set forth in the CCMP plan;

(2) Continue its commitment to provide the resources, personnel, training, medical oversight as required by the CCMP criteria;

(3) Participate in the Texas EMS/Trauma Registry.

(A) data submission requirements for designation purposes are as follows:

(i) Initial designation: six months of data prior to the initial designation survey must be uploaded. Subsequent to initial designation, data should be uploaded to the Texas EMS/Trauma Registry on at least a quarterly basis (with monthly submissions recommended) as indicated in 25 TAC §103.19 Electronic Reporting.

(ii) Re-designation: the facility's trauma registry should be current with at least quarterly uploads of data to the Texas EMS/Trauma Registry (monthly submissions recommended) as indicated in 25 TAC §103.19 Electronic Reporting.

(4) Within five days, notify the department if temporarily unable to comply with a designation criterion. If the provider intends to comply with the criterion and maintain current designation status, it must also submit to the department a plan for corrective action and a request for a temporary exception to criteria within five days.

(A) If the requested essential criterion exception is not critical to the operations of the provider's CCMP program and the department determines that the provider has intent to comply, a 30-day to 90-day exception period from onset date of the deficiency may be granted for the provider to achieve compliancy.

(B) If the requested essential criterion exception is critical to the operations of CCMP program and the department determines that the provider has intent to comply, a no greater than 30-day exception period from onset date of the deficiency may be granted for the provider to achieve compliancy.

(i) Essential criteria that are critical include such things as...(medical director, program coordinator)

(C) If the provider has not come into compliance at the end of the exception period, the department may at its discretion elect one of the following:

(i) Propose to suspend the provider's designation status. If the provider is amenable to this action, the department will develop a plan for corrective action for the provider and a specific timeline for compliance by the provider; or

(ii) Propose to extend the provider's temporary exception to criteria for an additional period not to exceed 90 days. The department will develop a plan for corrective action for the provider and a specific timeline for compliance by the provider.

(I) If a provider disagrees with the department's recommendation at the end of the secondary review process, the provider has a right to a hearing, in accordance with the department's rules for contested cases and Chapter 2001 of the Texas Government Code.

(II) CCMP designated EMS providers seeking exceptions to essential criteria shall have the right to withdraw the request at any time prior to resolution of the final appeal process.

(5) Notify the department within five days, if it no longer provides CCMP.

(s) A provider may not use the terms "CCMP provider" or similar terminology in its signs or advertisements or in the printed materials and information it provides to the public

242 unless the EMS provider is currently designated as a CCMP provider according to the
243 process described in this section.

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245 (t) The department shall have the right to review, inspect, evaluate, and audit all patient
246 records, performance improvement committee minutes, and other documents relevant to
247 patient healthcare for any provider at any time to verify compliance with the statute and
248 these rules, including the designation criteria. The department shall maintain
249 confidentiality of such records to the extent authorized by the Texas Public Information
250 Act, Chapter 552, Texas Government Code and consistent with current laws and
251 regulations related to the Health Insurance Portability and Accountability Act of 1996.
252 The department shall provide a copy of the survey report, for surveys conducted by or
253 contracted for the department, and the results to the provider.

254
255 (u) CCMP provider criteria.

256
257 Figure 1: 25 TAC §xxx.xxx (u)